72% received disability payments. In the UK, the annual costs of unemployment and suicide were £1510 million and £179 million, respectively. The estimated UK national cost of bipolar disorder was €4.59 billion, with hospitalization during acute episodes representing the largest component. **CONCLUSIONS:** Bipolar disorder is a major and underestimated health problem in Europe. A number of issues impact on the burden of the disease, such as comorbidities, suicide, early death, unemployment or underemployment. Direct costs of bipolar disorder are mainly associated with hospitalization during acute episodes. Indirect costs are a major contributor to the disease burden but are not always recognized in research studies. Supported by funding from AstraZeneca Pharmaceuticals LP.

PMH7

PREVALENCE OF POTENTIAL MEDICATION INTERACTIONS WITH ANTIPSYCHOTICS VIA CYTOCHROME P450 IN PATIENTS WITH SCHIZOPHRENIA IN GERMANY

Mehnert A[1], Hargarter L[1], Diels J[2]
[1]Janssen-Cilag GmbH, Neuss, NRW, Germany, [2]Johnson & Johnson Pharmaceutical Services, Beerse, Belgium

OBJECTIVES: While pharmacological hepatic interaction mechanisms for antipsychotics are largely known, there is little research so far on the prevalence of potential interactions with other substances. The objective of the present study is to estimate the annual prevalence of potential pharmacokinetic drug-drug interactions (DDIs) between antipsychotic and non-antipsychotic therapies in patients with schizophrenia. **METHODS:** A retrospective analysis of drug prescriptions for patients treated for schizophrenia (ICD-10 codes F20–F29) was performed using the German IMS Disease Analyzer data for psychiatrists for 2007. These data originate from electronic medical records from a representative panel of German psychiatrists, and include drug prescriptions and medical diagnoses. Potential antipsychotic drug-drug interactions based on cytochrome P450 metabolism (1A2, 2D6, 3A4, and 3A pathways) for antipsychotics and corresponding interacting drugs (pathway inducers and inhibitors) were identified based on literature and drug information resources. A potential DDI was identified when combinations known to interact had 20 or more days of overlap, determined by prescription dates, dosing information and pack size. Incidence of overlap was calculated by antipsychotic, metabolic pathway and interaction mechanism. **RESULTS:** A total of 5449 patients received an atypical antipsychotic. The most frequent interaction mechanisms were inhibition of CYP2D6 and of CYP3A4: between 38% and 45% of the patients treated with atypicals had a 20 day-overlap with inhibitors of CYP2D6, and 17% to 26% with CYP3A4-Inhibitors. Potential interactions were most commonly associated with antidepressants. **CONCLUSIONS:** The risk of potential DDI in schizophrenia patients treated with antipsychotics in Germany is common, mainly due to concomitant prescription of antipsychotics and antidepressants. The reported estimates are based on real world data for psychiatrists in Germany, and are conservative, since drugs prescribed by other physicians or bought over the counter could not be taken into account.

PMH8

TOLERABILITY OF ONCE-DAILY EXTENDED RELEASE QUETIAPINE COMPARED TO QUETIAPINE IMMEDIATE RELEASE IN THE TREATMENT OF ACUTE BIPOLAR DISORDER: AN ADJUSTED INDIRECT COMPARISON

Edwards SJ, Korim F
AstraZeneca UK Ltd, Luton, UK

OBJECTIVES: In 2002, the National Institute for Health and Clinical Excellence (NICE) highlighted extrapyramidal symptoms (EPS), sexual dysfunction, sedation, and weight gain, as the outcomes considered by patients taking atypical antipsychotics to be the most troublesome. This research was designed to compare the tolerability of the new extended release quetiapine to the existing quetiapine immediate release formulation on these outcomes in addition to orthostatic hypotension, which could be a significant cause of morbidity. **METHODS:** Systematic review of CENTRAL, BIOSIS, EMBASE and MEDLINE for randomised controlled trials (RCTs) in patients with acute bipolar disorder treated with quetiapine was conducted in May 2008. Meta-analyses of quetiapine vs placebo used a random effects model. The results from the individual meta-analyses formed the basis of an adjusted indirect comparison of the two quetiapine formulations using placebo as a common comparator. Summary effect estimate for each outcome was calculated as relative risk (RR) with 95% confidence interval (95% CI) where RR < 1 favoured extended release and RR > 1 favoured immediate release. **RESULTS:** Of the 331 papers initially identified in the literature search, 5 RCTs compared quetiapine with placebo with a common daily dose of 300mg (4 RCTs immediate release and 1 RCT extended release). Adjusted indirect comparison identified no significant differences between the two formulations of quetiapine in the outcomes assessed. Individual results were as follows: EPS RR0.34 (95% CI: 0.04 to 12.07); orthostatic hypotension RR1.81 (95% CI: 0.19 to 57.84); prolactin RR1.92 (95%CI: 0.11 to 123.24); sedation RR1.09 (95%CI: 0.51 to 6.29); weight gain RR0.26 (95% CI: 0.05 to 6.86). **CONCLUSIONS:** This adjusted indirect comparison of five placebo-controlled clinical trials suggests that the tolerability profile of extended release quetiapine is consistent with that of the immediate release formulation. Further research will need to be conducted to determine if these results are replicated in real-life clinical practice.

PMH9

TOLERABILITY OF ATYPICAL ANTIPSYCHOTICS IN THE TREATMENT OF SCHIZOPHRENIA AND BIPOLAR DISORDER: A SYSTEMATIC REVIEW OF RANDOMISED CONTROLLED TRIALS

Edwards SJ[1], Smith CJ[2]
[1]AstraZeneca UK Ltd, Luton, UK, [2]Guy's Hospital and Maudsley Hospital, London, UK

OBJECTIVES: To compare the tolerability profiles of atypical antipsychotics assessed in randomised controlled trials (RCTs). **METHODS:** Systematic review of BIOSIS, CENTRAL, EMBASE, MEDLINE, PsycINFO for RCTs comparing two or more atypical antipsychotics (aripiprazole—ARI, olanzapine—OLZ, quetiapine—QTP, risperidone—RSD, ziprasidone—ZPD). Searching was restricted to English-language publications and was completed in December 2007. Data were extracted on the following outcomes: anxiety or depression, bodily anxiety or restlessness, dizziness or nausea, extrapyramidal symptoms (EPS), sexual dysfunction, stiffness or tremor, tiredness or weakness, weight gain. Data were recalculated if not presented in an intention-to-treat format. Mixed treatment comparisons were conducted by Bayesian Markov Chain Monte Carlo simulation using uninformed priors. Summary effect estimates (Odds Ratios [OR], 95% credible intervals [95%CrI]) were calculated compared to RSD. **RESULTS:** Of the 2963 papers identified in the literature search, 50 were found to provide data on 48 RCTs comparing two or more atypical antipsychotics. The results presented a wide spectrum of tolerability among the atypical antipsychotics with no single treatment being identified as consistently better tolerated than all other. The outcomes that could be considered statistically significant at the 5% level were: decrease in